



# State of West Virginia *Board of Medicine*

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## **INSTRUCTIONS FOR REGISTRATION TO PRACTICE IN WEST VIRGINIA DURING COVID-19 STATE OF EMERGENCY FOR OUT OF STATE LICENSED PHYSICIAN ASSISTANTS**

This form is for use by physician assistants who want to register to practice in West Virginia during the COVID-19 State of Emergency, either in person or via telemedicine technologies, and who have never held a West Virginia physician assistant license and hold an unrestricted out of state physician assistant license. In addition to authorized registration, practice as a physician assistant requires an active Practice Notification. The Practice Notification form is available on the Board's website.

### **Please review the following instructions before completing the registration form:**

- The Board only processes forms which are complete, legible, and are accompanied by a copy of your proof of identity document.
- The name you provide must be your legal name and must match the name on your identification document.
- Provide complete and current contact information. A valid personal address and email are required.
- Provide all requested information concerning your out of state physician assistant license.
- Submit a clear and legible copy of your valid, government-issued identity document bearing your legal name, date of birth and photograph. Accepted documents include:
  - A driver's license or non-driver identification card;
  - A passport or U.S. Global Entry identification card; or
  - A military or national identification card.
- Complete the certification and sign and date the form.
- There is no fee to register to practice in West Virginia during the COVID-19 State of Emergency.

**Please file your registration form via facsimile at (304) 558-2084 or by regular mail.** If you are eligible to register, the Board will notify you of your registration number via email at the address you provide on your registration form. A list of authorized registrants will be published on the Board's website with the applicant's name, registration number, date of registration, and out of state licensure information.

**Emergency registrations are valid for a period of sixty days or five business days after the declared state of emergency is lifted, whichever is sooner.** An emergency registrant who would like to continue to practice medicine and surgery in West Virginia after an emergency registration terminates will need to obtain a profession license from this Board, or in cases where the practice is limited to telemedicine to West Virginia patients from another US state, an interstate telehealth registration.

**Registration to Practice in West Virginia  
During COVID-19 State of Emergency**

**OUT OF STATE LICENSED PHYSICIAN ASSISTANT**

Name: \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_ Last Four Digits of SS#: XX-XXX-\_\_\_\_\_  
MM/DD/YYYY

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Physical address – not a PO Box) City State Zip

Name of Physician Assistant School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Please list your primary physician assistant license. Your identified state of licensure and license number will be published on a list of emergency registrants on the West Virginia Board of Medicine website.

State	Physician Assistant License Number	Active License (Y/N)	Expiration Date

**Please attach a copy of your government-issued photo ID (driver's license, passport etc.) to this form.**

By submitting this registration form, I hereby attest and certify that:

- a. I have no pending licensure complaints, investigations, Consent Orders, Board Orders or pending disciplinary proceedings in any of the states where I am licensed to practice as a physician assistant, and I have never held a West Virginia physician assistant license;
- b. I meet the qualifications to practice as a physician assistant in West Virginia during the declared COVID-19 State of Emergency;
- c. The information I have provided on this form is complete and accurate;
- d. I agree to practice in compliance with all applicable federal and state laws, rules and executive orders; and understand I must practice pursuant to an active Practice Notification;
- e. I understand that an emergency practice registration is valid for a period of sixty days or five business days after the declared State of Emergency is lifted in West Virginia, whichever is sooner; and
- f. I understand that an emergency practice registration is not the same thing as being granted a West Virginia physician assistant license and if I wish to continue practicing as a physician assistant to patients in West Virginia once the current State of Emergency is lifted, I understand that I must apply, meet the eligibility criteria, and be granted a West Virginia physician assistant license or an interstate telehealth registration.

Physician Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE WEST VIRGINIA BOARD OF MEDICINE**

Registration No: \_\_\_\_\_ Date Registration Issued: \_\_\_\_\_